



MEDICAID SOUTH DAKOTA (MCDSD) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Provider Enrollment Portal Registration](#)
 - Click [here](#) for portal instructions
- Under Claim Submission Method
 - Trading Partner ID: **111111337**
 - Transactions: **837P, 835, 277U**

WHERE SHOULD I SEND THE FORM(S)?

- Provider enrollment is completed online

WHAT IS THE TURNAROUND TIME?

- Standard processing time is approximately 7-10 business days

HOW DO I CHECK STATUS?

- To check the status of your enrollment, log in to the Medicaid portal and verify your modifications were approved
- Once you receive confirmation that you have been linked to Office Ally for **837P** transactions, you **MUST** email Support@officeally.com with the below information **PRIOR** to submitting claims electronically. Notification is not required for 835/277U activation.

Email Subject: Medicaid South Dakota (MCDSD) – EDI Approval

Body of Email:

Please log my EDI approval for Medicaid South Dakota.

- Provider Name
- NPI
- Tax ID